DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 75 Hawthorne St., Suite 408 San Francisco, CA 94105



San Francisco Regional Office

Stan Rosenstein, Deputy Director California Department of Health Services Medical Care Services MS 4000 P.O. Box 942732 Sacramento, CA 94234-7320 OCT 18 2005

Dear Mr. Rosenstein:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your request to amend California's Medicaid Home and Community-Based Services (HCBS) waiver for individuals who would otherwise require care in an acute care hospital setting as authorized under Section 1915(c) of the Social Security Act. This renewal action has been assigned CMS control number 0348.90.01. This waiver program provides HCBS as an alternative to institutional care for persons eligible for acute level of care placement.

As part of this amendment, you requested permission to add three (3) new covered services, home health aide services including shared certified home health aide services, private duty nursing including shared nursing services, and utility coverage (for participant needs only), replacement of the term "plan of care" with the term "plan of treatment", expansion of the definitions of "identified issues" and "significant issues" to include incidents where the participant was at elevated risk regardless of the incident's outcome, clarification of the Home Health Agency nurse's responsibilities, revision, and reduction of estimated average annual per capita waiver expenditures to reflect updated baseline utilization trends.

This waiver is approved effective July 1, 2005 and reduces the approved estimated total waiver expenditures for the three (3) remaining years of the current waiver approval period by approximately \$85 million. This approval is subject to your agreement to provide services for no more individuals than the unduplicated number listed in Column "C" below.

WAIVER YEAR	FACTOR C	FAC	FACTOR D		TOTAL	
July 1, 2005 - June 30, 20	006 300	X	\$187,998	=	\$56,399,502	
July 1, 2006 – June 30, 2	007 350	X	\$191,760	=	\$67,115,988	
July 1, 2007 - June 30, 20	008 400	X	\$195,593	=	\$78,237,287	

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The revised approved total waiver expenditures for WY 3, 4 and 5 have been rounded slightly to agree with totals in Appendix G-2.

We appreciate the cooperation provided by you and your staff. If you have any questions, please contact Rick Spector at (415) 744-3592.

Sincerely,

Linda Minamoto

Associate Regional Administrator

Medicaid & Children's Health Division

cc: Mary Jean Duckett, Director, DEHPG, CMSO

Roberto B. Martinez, Chief, Medi-Cal Policy Division (MCPD), DHS

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Pat Lof, Chief, HCBS Branch, Waiver Analysis Section, MCPD, DHS

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